KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, DECEMBER 1, 1894. No. 48.

ORIGINAL ARTICLES.

Whither Are We Drifting?

BY A. J. CHAPEL, M.D., ARKANSAS CITY.

Read before the South Kansas Medical Society at its meeting at Arkansas City November 20.

Mr. Chairman, and gentlemen of the South Kansas Medical Society: When invited by your chairman of arrangements, W. H. Stauffer, M.D., to deliver an address to this association, I deliberated somewhat extensively in my own mind what I should talk about. Perhaps the members of this association may be brimming full of medical lore, and possibly expect of me some new or advanced theory of our much-loved science. No, gentlemen, I have nothing particularly new to offer for your consideration. I once heard one of the greatest orators of the age deliver a lecture on the subject, "There is Nothing New Under the Sun."

I believe that all the professions of science, by virtue of their continual improvement, are human benefactors: each member of a profession whose highest attainment is the general welfare of the human family is a benefactor. He who devises something new and useful to mankind, or he who is the means of imparting to his fellow man two comforts where previously only one had been enjoyed, is a human benefactor. Of all the professions known among men whose highest attainment is the general improvement aud happiness of the human family, the medical profession is without a peer. We see our brethren of the theological profession permeating every hamlet and village, toiling and struggling with their fellow men in the interest and welfare of the soul; and from the fruits of their toil, we must admit, they are justly entitled to their reward. While we, too, as a profession, are toiling and struggling with our fellow men, but it is in the interest and welfare of the body. It is the body that we are working for, it is the body that we would purify and make more perfect, it is the body that we would heal and relieve of the burden of its distress and suffering—for the body is the casket of the soul. And if the body is diseased, deranged or defiled, the soul is dwelling in a tainted tenement, and like all things natural, partakes of its surroundings. Where physical and functional derangements predominate, soul perfection cannot exist. Both must blend in harmony to form the perfect man. Hence it is the prerogative of the medical profession to form the perfect man; no other profession can do as much. And while they are toiling and struggling in the relief of human distress and suffering they should leave an indelible impression upon the human family of the importance and necessity of a more vigorous and well developed posterity.

Professor Holmes was once asked the best age to begin the education of a child, and he earnestly replied one hundred years before it is born. No question was ever more appropriately answered. And to-day there is no human thought more worthy of emulation than to fully predetermine so far as may be practical, the very best conditions to produce well developed and vigorous constitutions in those yet to be born. The future generations of mankind are not asking to be born. They are not seeking admission into this life; they are not even proud of their ancestors, so far as we know. And if we, their progenitors, are going to force them into this existence, without their knowledge and without their consent, we

a glass, by taking in full deep inspirations, will see his cheeks begin to tinge in less than five minutes. There is no other natural product of earth that will produce the same wholesome effect in the same given time. Permit me to call your attention to the rapid increase of human depravity in this country. In 1840 there was estimated to be about 25,000 such unfortunate persons. To-day, in a little over fifty years, there is over 1,000,000, including the deformed, idiots, imbeciles, deaf mutes and insane persons, all resulting from the same general principle—defective alloy or defective coinage.

No person can be born into this life with a deformed limb, or a perverted function, without a cause; and the cause is always in the conditions of ancestry. Again, there is in this country three hundred thousand vagrant children, whose parents do not and cannot take care of or provide for. They are not able to take care of themselves, say nothing of their children. All this great tide of production is added to the expense of charity. And the general public are annually taxed not only to support, but to keep up, this business of ignorant and reckless procreation. And yet it is believed by many modern thinkers that this great tide of human imperfection, as well as the burden of taxation, would become greatly reduced by a general diffusion of knowledge. I myself believe it is just as easy to produce health as disease, or to procreate good vigorous development, as frail constitutions. It simply involves a knowledge of the conditions that produce the one or the other. Were it possible for all who are in the paternal field to reap this kind of knowledge, the human family would soon be elevated to human perfection.

Recently we have heard some discussion and various comments of a treatment that will preclude a second generation from some of these unfortunate classes. Possibly it may be the neucleus of a great work of human perfection. I refer to Pilcherism. While I believe this treatment to be salutary and humane to the imbecile, I believe it would have been more salutary and more infinitely humane if applied to his progenitor. Whenever the paternal conditions are such that a vigorous and well developed posterity cannot be assured, right there fruition should cease. The world would be more highly honored, and suffering humanity more greatly dignified. All parentage should be able to predetermine whether their progeny will be healthy or sickly; Whether it is likely to be an invalid or a criminal. No parent has a moral right to undertake for his progeny that which he has not the ability to justly accomplish.

Knowledge is power, enabling those who are informed, to escape life's greatest evils.

In conclusion let me ask: Is it wisdom for man to toil and struggle in the interest and welfare of the soul when the soul is entirely controlled and governed by conditions of the body? Ought we not rather toil and struggle in the interests of the human body. Make it what it ought to be: vigorous, healthy, pure, holy. And when the soul is freed from its morbid, physical fetters of imprisonment, it will demonstrate its natural aspiring tendencies by searching for those truths that will make the human family more divine. Mankind are all seeking for better health; they are asking to be healed; they desire to be made whole; they have no taste for imperfections; they are daily importuning the profession for perfection, for better health. They realize the profession holds the key. They are asking for more light and greater safety. The profession is so criminally indifferent to their wants that many are seeking relief at the drug shop; many are gathering at health resorts waiting for the spirit to trouble the waters; waiting for Esculapias to send his healing from the first great family. Perhaps they are right, for in all the universe there are only three families: the mineral, the vegetable and the animal. The mineral from its bounty freely imparts its energy to feed the vegetable, the vegetable feeds the animal, and the animal in turn replenishes the mineral. Thus the end takes the beginning by the hand and forms an endless chain of successive change. When the soul no longer inhabits the body it is a corpse; it is then

taken by the great swarm of microbe undertakers and prepared for its reception to feed and enrich the mineral kingdom. The mineral kingdom is the parent of all life, it is the family from which all life is borrowed, and to which each must return and remunerate for the talents he has received.

Treatment of Diphtheria.

The Therapeutic Gazette.

Dr. Julius Ritter (*Therapeutische Monatshefte*, July, 1894) first discusses immunized serum in the treatment of diphtheria. In 1890 he rendered animals immune to diphtheria by graduated injections of weakened cultures, and then successfully employed serum from these animals to protect guinea-pigs and rabbits. A large dog was by degrees rendered so immune that it received without decided reaction a quart of a virulent culture. Two weeks later its serum was so strong that eight cubic centimetres of it protected guinea-pigs of about five hundred grammes' weight from infection with virulent cultures of diphtheria bacilli; its immunizing value was, therefore, as 1 to 62,500. Yet this serum failed to protect a child which had been exposed to diphtheria, the child dying ten days after injection aud on the fifth day of the disease. Of twenty-six children who received local treatment and the protective injections, twenty-one recovered, two of these after tracheotomy. It then seemed desirable to employ human serum. An opportunity was afforded by the abortion of a woman three weeks after an attack of diphtheria. After sterilizing the birth-passages, Ritter obtained a quart of blood, from which he prepared serum. In guinea-pigs the serum had a protective value of 1 to 80,000. It was employed in the case of six children with beginning laryngeal involvement; but, in spite of it, tracheotomy was necessary in four cases, and two died.

Ritter seems to think that in diphtheria we have to do with a mixed infection, and that the great liability of some persons to repeated attacks—he has attended one child four times in four years—is against the lasting value of the serum treatment.

Assuming that the serum treatment has not fulfilled expectations, he asks what remedies should be used. All those which possess antiseptic without toxic properties. He recommends that the initial focus of the disease, in the shape of a tonsillar plaque, should be scraped off. He would employ anæsthesia if it seemed necessary. The surface from which the membrane has been torn is then touched with a one-per-cent. cyanide of mercury solution. In some cases this has to be continued, with expression and squeezing of the tonsils, so that no concealed focus may be overlooked. The posterior pharyngeal wall should also be closely inspected. If no more membrane can be discovered, the raw surfaces should be painted with impure oil of turpentine. Subsequently the remaining spores are destroyed by daily repeated painting with oil of turpentine and spraying with one-per-cent. cyanide of mercury solution. Sixty-two patients so treated, who presented membrane in the pharynx without secondary affections, were all, under this treatment, in short time freed from all their disease symptoms. Thirty-three patients who presented themselves early have never shown post-diphtheritic palsies. The existence of diphtheria was in each case established by bacteriological examination.

The majority of local remedies in diphtheria are inactive, including chlorate of potassium and one and two-per-cent. solutions of carbolic acid. Papayotin dissolves the membrane, but has no effect on the bacilli.

Cases of diphtheria complicated with streptococcus invasion are best treated with crude turpentine oil locally and large doses of alcohol internally.

AN interesting report of the meeting of the Mississippi Valley Medical Association at Hot Springs, Ark., will appear in our next number.

Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
723 Kansas Avenue.

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Topeka, Kansas, Saturday, Dec. 1, 1894.

New Remedies.

It is not an easy matter to keep thoroughly up to date on recent pharmaceutical preparations, and under this head we propose to mention only a few at this time.

Salacetol is claimed to be similar in effect to salol. It is produced by heating together mono-chloraceton and sodium salicylate. It is especially recommended in the treatment of chronic articular rheumatism and intestinal infections.

Among the homologues of quinine—Quinethyline and quinopropyline are both recommended as being superior to quinine, the former being a more certain antiperiodic and used to advantage where quinine fails to act, while quinopropyline is a more decided antipyretic in doses of 7½ grains.

Among the newer salts of morphine the borate has been recommended as especially advantageous for subcutaneous injection because of its stability, and for eye-washes on account of the harmlessness of boric acid.

Among the newer salts of potassium the auro-cyanide and the mercuro-cyanide are both soluble in water, and rapidly absorbed when subcutaneously injected.

A new salt of antipyrine under the name of Tussol has been recommended for whooping-cough. It is claimed to ameliorate the complex symptoms and also to diminish the intensity of the convulsive attacks. It can be administered to infants twelve months old 1 to 1½ grains two or three times a day, or to children four years old in doses of 8 grains.

Two preparations of aluminum, the boro-tartrate and the boro-taurate, known respectively as Boral and Cutol, are proposed as disinfecting astringents. Cutol is claimed to be a successful agent in the treatment of facial erysipelas. It is rendered soluble in water by the addition of tartaric acid.

Molokin is recommended as a good anti-rheumatic and as a supplement to the salicylates.

New Combinations.

Our adances in therapeutics are not confined to the discovery of new drugs, but a great deal is learned in the various combinations of drugs long in use. Many drugs which are objectionable on account of their bad taste and their unpleasant effects upon the stomach, may by proper combination be rendered palatable and unirritating. Perhaps there are no two remedies in our materia medica more extensively used at the present time than creosote and cod liver oil, and yet both are particularly offensive to the taste, and uncombined both produce very unpleasant eructations. Many experiments have been made to find a combination of either which would overcnme these objections. About one year ago a preparation was placed upon the market containing both of these remedies in combination with

wild cherry and alkaline phosphates with guaiacol substituted for the creosote. This prepaaation is sold under the name of guaiacoline. Since its introduction it has met with a ready sale, and the numerous recommendations it has received from the profession proves its merit. As it is manufactured by a Topeka firm we are pleased to commend it to our readers.

Visiting Lists.

P. Blakiston, Son & Co. Philadelphia.

We have received from the publishers a copy of Blakiston & Son's visiting list. As this book has been on the market for a number of years it needs little further recomdation.

J. H. Chambers & Sons. St. Louis.

This is another visiting list which has seen several years of success. It is similar in every respect to the list issued by this house for the past few years.

The Visiting List and Clinical Record. Published by the Kansas Medical Journal. Topeka.

This is a combined visiting list and case record. It is so arranged that the account and clinical record of any patient can be kept on one page for one month. Furnished in sets of 12, one for each month, for $1.50.

Northeast Kansas Medical Society.

The next meeting of the Northeastern Kansas Medical Society will be at Holton, Kas., Tuesday, December 11, 1894. The following is the program:

"Is Alcohol a Food?"—Dr. A. B. McCandless, Holton.

Discussion—Dr. C. M. Compton, Lakin.

"Strangulated Hernia"—Dr. J. T. Scott, Holton.

Discussion—Dr. J. E. Love, Whiting.

"Orificial Surgery"—Dr. S. M. Riggs, Muscotah.

Discussion—Dr. P. R. Moore, Effingham.

"Relations of Medical and Dental Practioners on Certain Lines Pertaining to Prophylactic on Hygienic Laws"—Dr. A. W. Davis, D.D.S., Holton.

"The Technique o Massage"—Dr. D. Whitmer, Topeka.

A Paper—Dr. S. E. Sheldon, Topeka.

"My Experience with Doctors—F. S. Scott (druggist) Holton.

J. A. RAFTER, M.D.,
Secretary.

Minutes of the South Kansas Medical Society.

Meeting called to order by the president, Dr. C. Klippel, of Hutchinson.

The following gentlemen responded to the roll-call: Drs. Emerson, Furst, Hill, Huff, Smerhas, Hornaday, Klippel, Lawrence, Mitchell, McCullough, McClintock, Shelly, Stauffer, Sheldon, Wall and Ward.

Moved that we now proceed to the election of officers and the transaction of other business, and that the reading of the papers be deferred until such business is disposed of. Seconded and carried.

The election resulted in the choice of the following officers to serve during the ensuiug year:

President, Dr. O. J. Furst, Peabody.

First vice-president, Dr. S. T. Shelly, Mulvane.

Second vice-pesident, Dr. H. F. Hornaday, Rock.

Secretary, Dr. V. E. Lawrence, Halstead.

Treasurer, Dr. C. C. Furly, Wichita.

The chair appointed the following gentlemen a board of censors. Drs. Emerson, Furst and Hill.

The following names were presented for membership and all favorably passed upon by the board of censors and duly elected members of the society:

Dr. W. T. McKay, Arkansas City, class '91, Rush Medical College.

Dr. L. A. Jacobus, Winfield, class '93, College Physicians and Surgeons, Chicago.

Dr. C. M. Holcomb, Winfield, class '87, Jefferson Medical College.

Dr. G. J. Guinn, Arkansas City, class '86, Kansas City Medical College.

Dr. J. B. Hibben, Topeka, class '78, University of New York, was elected to honorary membership.

Wichita was chosen as the place of meeting next May.

Dr. Wall, of Topeka, a member of the committee on legislation, was asked to give a report of the work of that committee. He gave an outline of the same and urged the importance of united effort to secure some bill which would prevent Kansas longer being the resort of incompetent men driven from other States. It is important, he said, that the doctors should unite upon some one bill and urge its passage.

The president appointed Drs. Sheldon, Emerson and Hornaday as a committee to draft resolutions expressing the sense of the society upon this matter.

A motion to proceed with the reading of papers was passed.

The first was that of Dr. A. J. Chapel; subject, "Whither Are We Drifting," read by the author.

The paper was discussed by Drs. Sheldon, Hibben, Hill, Pickens, Guinn, Wall, Horner and Lawrence. The paper presented some advanced thoughts and the discussion was of an interesting and exhaustive character. The paper was referred to the committee on publication.

Moved that we adjourn until 2 o'clock P.M. Carried.

Meeting called to order at 2 o'clock P.M.

The chair called for the next paper on the program, "A Report of the Treatment of Scarlet Fever," by Dr. W. K. Harns, of Mulvane. The author not being present, his paper was read by the secretary, and was discussed by Drs. Mitchell and Hibben, and the paper referred to the committee on publication.

Owing to the death of his father, the author of the paper, Dr. W. D. McClees, of Wichita, was absent.

Dr. O. J. Furst, of Peabody, read the next paper, "Renal Calculus, with Report of Case." Discussion by Drs. Ward, McClintock, Pickens and Sheldon, and defended by the author. Referred to the committee on publication.

The chair appointed the following gentlemen a committee on necrology to report on the death of Dr. M. O'Brien, late of Topeka: Drs. Ward, Sheldon and Emerson.

Upon the death of Dr. S. H. Brehm, late of Hutchinson, Drs. Ward and Lawrence were appointed a committee on necrology with directions to prepare the report at the earliest convenience and forward them to the secretary.

Dr. J. C. McClintock, of Topeka, read the next paper upon the program, "Extra Uterine Pregnancy, with Report of Case." Discussed by Drs. Ward, Emerson, Sheldon and Pickens, and defended by the author. Referred to the committee on publication.

The committee on legislation reported the following, which was adopted by the society:

To the Officers and Members of the South Kansas Medical Society—We, your committee, appointed to consider and report upon the subject of medical legislation, beg leave to report that we favor the passage of the law as reported by the convention held at Topeka in May, 1894.

S. E. SHELDON.
GEO. EMERSON.

We recommend the bill as referred to above, but advise that the limitation clause be made twenty years.

H. F. HORNADAY.

A paper entitled "Castration and its Results," by Dr. R. E. McVey, was presented to the society, but owing to the lateness of the hour was referred, with thanks, to the committee on publication without reading.

As the hour for adjournment had arrived, the paper on "Diagnosis," by Dr. C. Klippel, of Hutchinson, was with regrets omitted.

Moved that we adjourn. Carried.

V. E. LAWRENCE,
Secretary.

NOTICES for a meeting of the legislative committee will be sent out early next week.

Kidney of Pregnancy.

Maryland Medical Journal.

Tranteroth (*British Medical Journal*) finds that in about half the cases of pregnancy in healthy women, primiparæ or otherwise, a trifling amount of albuminuria is to be detected in the second half of pregnancy. In a minority of cases this symptom if not due to renal changes, in the majority it represents a special morbid condition, best termed "the kidney of pregnancy." Ar a rule this condition involves no symptoms besides changes in the kidney. Eclampsia and œdema are rare. The pregnancy kidney never changes into the kidney of any chronic form of nephritis. There is no true nephritis of pregnancy. Albuminnria is the rule during labor, especially in primiparæ, and casts (usually hyaline) are to be found in almost a third of the cases. In the albuminuria of pregnancy casts are much rarer. The albuminuria of labor is most marked during the period of dilation, and disappears rapidly during childbed, except when there is fever; later on towards the second week, albuminuria usually indicates catarrh of the lower part of the urinary tract. The albuminuria of pregnancy and labor does not render chloroform dangerous. Renal disease existing before pregnancy is greatly aggravated by that condition often ending in death of the ovum and the abortion, after which the disease abates more or less. The causes of pregnancy kidney are the increase of intra-abdominal pressure, changes in the nutrition of the kidney brought about by the altered condition of the blood and in special cases obstruction of the left ovarian vein which joins the left renal, and compression of the ureter by the fetal head. The last two causes apply to the kidney of labor (*Geburtsniere*), where also septic changes from pieces of fetal appendages play a part. The degree of the changes which make up the kidney of pregnancy depends on the resisting power of that organ in the individual patient.

The Urine in Typhoid Fever.

The Hosp., 1894; p. 185.

Ehrlich, in 1882, described his diazo-reaction. He claimed that in typhoid fever the addition of diazo-benzene—sulphuric acid, in the presence of ammonia—to the urine, formed, with some unknown peculiar pathological substance, a body of a characteristic red color, which was best seen in the foam produced on the top of the mixture.

After twelve years' trial of this test it is possible to form some idea of its efficacy. Several observers have tried it in numerous cases of persons suffering from all sorts of diseases. Ruhmeyer has published a collection of 260 cases, in which the urine was tested 2,750 times, and he concludes that the test is very valuable, although he occasionally found it in cases of chronic nephritis, caries' pyæmia, scarlet fever, pleurisy, tubercular meningitis, pneumonia, primary pulmonary actinomycosis, carcinoma, sarcoma, and tuberculosis. The most characteristic reaction was, however, obtained in pulmonary tuberculosis and typhoid fever. Edaans comes to the following conclusions, after making a series of 600 examinations of the urine. It was absent in only two out of 130 cases of typhoid fever, its usual duration was thirteen days. Its intensity bore no relation to the temperature nor to the seriousness of the case. He sums up by saying that it may help to the diagnosis of typhoid fever, but that it is not of a very high diagnostic value.

Van Noorden, of Berlin, gives the results obtained by testing the urine of the patients in Gerhardt's clinic. In five years he only found the test absent in one case of typhoid fever, so that it may be regarded as a very constant symptom; but, unfortunately, this reaction may be obtained in many other diseases. Thus he found it in advanced heart disease, cirrhosis of the liver, carcinoma, meningitis, erysipelas, pneumonia, scarlet fever, diphtheria, and all form of tuberculosis. Thus, while it may confirm the diagnosis in cases in which the diagnosis is easy, it does not help us much in doubtful cases.

Hewetson, working in Prof. Osler's clinic, looked for the reaction in 196 cases, and found it in 136; but he remarks that it is very highly probable that the reaction would have been found in a larger proportion of cases if it had been possible to test them during the whole of the illness. Of 50 cases which were very carefully observed, the reaction was present in 77 per cent. during the first week, in 67 per cent. during the second, in 47 per ceut. during the third, and in 17 per cent. during the fourth. Its duration varied very much; sometimes it only lasted a few days. It might be met with during a relapse, and it might persist during the whole of an attack. It was found, in very many other cases, chiefly tuberculosis, measles, scarlet fever, and pneumonia. Actually 34 per cent. of the cases of tubercle showed it, and it was very commonly present in acute miliary tuberculosis.

On the whole, we may conclude that it has very little diagnostic value.

Another point which has also received much attention lately, is the toxic property of the urine of patients suffering from typhoid. It is well known that healthy urine is toxic, and Roque and Weill, investigating the urine of typhoid patients in whom no treatment was adopted, find that the toxicity of the urine is much increased, being double that of health, but that this poisonous property of the urine is independent of the temperature, and remains increased during the whole of the fever, and also during the first part of convalescence. With regard to the cases in which antipyrin was used, they come to the conclusion that the drug appears to act as an antiseptic, the urine loses all its toxicity without there being any evidence of the retention of toxic bodies in the system, but when the drug is stopped the toxic bodies again appear in the urine, and are excreted in large quantities during convalescence. Patients treated with cold baths excrete enormous quantities of toxines during the cold bath treatment, but proportionately less during convalesence. The results, are very interesting, and may, in part, explain the good results that have been derived from the cold bath treatment.

With regard to this question of toxines in the urine, it is interesting to note that the importance of getting rid of toxines from the body is gradually becoming well known Lauder-Brunton and Mr. Watson Cheyne give an account of a case in which the evacuation of toxines from the intestine in a case of intestinal obstruction quickly led to marked improvement, and Dr. Hale White relates a case in which the evacuation of a quantity of fæcal pus from the plural cavity led instantly to a great improvement in the patient's general condition, and the increased strength of the pulse was very noteworthy.

Metallic Iodine in the Treatment of Tuberculosis.

The Therapeutic Gazette.

Caider and L. Jolly, (*Jpurn. de Medecine de Paris*, Juae 17, 1894) report their further experience in the treatment of tuberculosis by metallic iodine associated with the phosphate of iron and the glycero-phosphate of potassium. The first combination was given in wine, each spoonful of which contained 10 centigrammes (1.5 grains) of glycerophosphate of potassium and 25 milligrammes (⅜ grain) of iodine. The second combination was administered in the form of pills, each one of which contained 25 milligrammes (⅜ grain) of iodine and 4 milligrammmes (1-16 grain) of iron phosphate. The first week only two spoonfuls of the wine were allowed, and during the second week two spoonfuls of wine and two of the pills, to make up 4 spoonfuls of wine and 12 pills a day, representing in all 40 centigrammes (6.1 grains) each of iodine and glycero-phosphate of potassium, and 5 centigrammes (⅞ grain) of iron phophate. These quantities never caused noxious effects, not even in patients who had previously suffered from hemmorrhage. The number of cases observed was twenty-six during a period of from three months to two and a half years. During the first months there occurred an appreciable amelioration of the local lesions in the larynx as well as in the lungs. In

from five to six weeks of treatment the appetite was considerably increased and the patients felt stronger. After from four to five months the amelioration of the local lesions was rapid and marked and the weight of the patients increased. During a period of from ten months to two and a half years there was a progressive and simultaneous amelioration of the local lesions and the general condition of the patients. The rales diminished gradually and the general health was much improved. Three of the patients resumed their usual work, and, notwithstanding the inevitable attack of grippe of that winter, no new untoward phenomena were observed on either larynx or lungs.

Special Advantages of Acetanilid in Surgery.

The Medical World.

At the close of an article on the use of acetanilid in medicine and surgery, in the *Jour. Amer. Med. Association*, Dr. G. W. Woods, Medical Inspector of the United States Navy, gives the following summary of its surgical advantages:

"It is cleanly, odorless, antiseptic, desiccant, hemostatic, stimulant, alterative, nontoxic practically, lasting in its effects, if intermitted, does not crust, easily removed, and it acts in these ways when perfect cleansing of a wound is impracticable; while it is a perfect substitute for iodoform at an insignificant cost, and is not injured or altered by moisture, as it may be saturated with water; and being drained and dried, is found to be unaltered.

"With these advantages, acetanilid should be welcomed to the outfit of all surgeons, but especially to those of the army and navy, this simple enumeration of its excellencies seeming certainly to demonstrate its special adaptation to the field and campaign work of the former, and similar duty in connection with landing parties and shore duty of the latter; in time of war, its application to all wounds being soothing, beneficial, avoiding the necessity of immediate, careful antiseptic cleansing, and permitting of delay in completing the final surgical attention in most cases a delay often as necessary as desirable on shipboard, on account of the rolling of the ship or stress of weather."

The Diptheria Antitoxin Treatment.

Chicago Medical Recorder.

The Diptheria Antitoxin treatment now engaging professional and public attention, is a legitimate result of our knowledge of the bacterial nature of the infection. It rests on the two major facts that the serious symptoms of the disease aside from suffocation are due to ptomaine poisoning and that the blood serum of animals recovering from the disease is detrimental to the life process of the bacterium and also counteracts the activity of its toxin. In practice horses are now used, as the supply of serum is thereby at a maximum, but goats, guinea pigs, rabbits and other animals are available. The process of securing the immunized serum consists essentially in the inoculation of the horse with diptheritic poison and subsequently obtaining the blood serum by phlebotomy.

The injection of the serum practically confers immunity in an uninfected individual and is a curative measure in patients already the subjects of the malady, preventing the systematic poisoning and retarding or completely checking the membranous growth. The results of this treatment in 1,117 unselected cases taken from various European sources and compiled by the *British Medical Journal* is a mortality of twenty-eight per cent as compared with the usual average of about fifty per cent in bacteriologically verified cases under other lines of treatment and observed under similar circumstances. In Paris Roux's mortality fell to 24.33 per cent under the serum method, while at the hospital Trousseau at the same time and under precisely similar surroundings and conditions, excepting treatment, the mortality remained at 63.20 per cent. Of thirty-six reported English

cases there was a mortality of only 5.5 per cent.

Paris has by public donations subscribed 50,000 francs for the purchase of the serum to be used in various hospitals. Hungary has proposed to vote 50,000 florins for the same purpose, while Vienna, Berlin, Marseilles and other large cities have followed their example. In London the Institute of Preventive Medicine is furnishing the serum and it is believed that the cost of treatment will not exceed a shilling per case, as one, or at most two injections only are required. Of horse serum about six drachms are employed for a child and injected subcutaneously in the thigh. Of the intensified antitoxine of Behring or Aronson only a few minims at a dose are employed. It causes no systematic reaction and its effects are estimated by its control of symptoms and its action on the diphtheritic membrane. Steps are on foot to produce the serum in Chicago, where at present it is not obtainable.

Experience in Nutrition with Somatose.

An interesting series of experiments has recently been made by Drs. F. Kuhn and K. Volker (*Deut. Medic. Wochenschr*, No. 41, 1894) at the medical clinic of Prof. Reigel, of Giessen, having for their aim the determination of the dietetic value of somatose the new albumose food product. The result of these experiments which were made in the most thorough and careful manner on human beings are formulated as follows by the authors:

1. If administered in connection with a diet, the nitrogenous constituents of which are inadequate to supply the needs of the organism for proteids, somatose is capable of completely taking the place of the albumin in food. Somatose is therefore a representative of those preparations which consist exclusively of certain albumoses and is able to maintain the body in a condition of nitrogenous equilibrium.

5. In combination with a diet not deficient in albumin somatose cannot always replace meat, since in the presence of a large quantity of nitrogenous elements in the additional food, somatose is of itself insufficiently utilized, and also by producing diarrhœa, impairs the absorption of other albuminous bodies in the additional food.

3. Inasmuch as the absorption and assimilation of somatose in the intestine is materially influenced by the quality and quantity of the supplementary food, its utilization may be greatly increased by diminution of the nitrogen in the supplementary food by addition of meat to the latter. The same result is brought about by diminishing the quantity of introduced somatose.

4. If attention is paid to this point somatose is well borne by patients without after-effects. Large quantities are laxative and produce some diarrhœa. Somatose is well tolerated by phthisical patients with intestinal lesions and profuse diarrhœa, and frequently better than meat.

5. In certain forms of gastric trouble somatose is more suitable than other albuminous products whether because of mechanical reasons or whether in consequence of the secretory conditions of the stomach.

6. Somatose cannot be utilized for nutritive enemata.

DR. J. H. MCCASEY, the Populist superintendent of the Topeka Insane Asylum, has resigned, as has also Dr. Kniberg, the homeopathic assistant.

DR. J. B. HIBBEN, of Topeka, is a prominent candidate for the secretaryship of the State Board of Health.

NAPHTHOLIN is recently recommended as an anthelmintic.